

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 5822H

Name of Insured : TAN GUO YUAN

Insured Tel No. : HP: +65-88766960

Excess Sec II : S\$ D.O.A : 06/02/2020 16:00

Is driver the owner? (☒ YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : S0M02FVY X

Policy No. : GA530061

Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

Place of Accident : PIE (TUAS) BEFORE EXIT STEVEN RD

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

FBD 7658L

INSRS:
WSP: SOUTHERN
Tel: MOTOR
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBD 7658L NA/INC20002147/h4 ; 06/02/2020	Non-Reporting ltr (1st):	
	SLZ 5822H NBA/INC20002507/Y ; 06/02/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	Message	Notification ltr (if non-pickup):	
	Pls engage our insured and check with him	Call OI:	
	1. where he going during the time of accident and what is the purpose of travelling	After call ltr to OI:	
	2. whether he hit the third party car or only hit the motorcycle You may proceed with DS once these 2 questions are cleared.	Documentation Check List: Handler Typist	
30/06/2020	Pls refer to VIEWS for details.	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☐
		Release Voucher:	☐
		Final Repair Bill:	☐
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: L/sum	S\$ 2,000.00 (4 days) Reduction: 46 %	Confirm by: Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 30/06/2020 Confirm with Southern Motor		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,140.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 100.00 (\$25 x 4 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Sale	
Medical:	S\$	2) Report Format: TP	
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee: \$350.00	
Legal Cost	S\$		
Total:	S\$ 2,240.00 Global Sum S\$:	Email ☒ Call ☐	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	S\$ 2,240.00 Name 1: Southern Motor		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		